

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 582935

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51	1				
2							52	1					
3							53	1					
4							54	1					
5							55	1					
6							56	1					
7	1						57	1					
8	1						58	1					
9	1						59	1					
10	1						60	1					
11	1						61	1					
12	1						62	1					
13	1						63						
14							64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19							69						
20							70						
21							71						
22	1						72						
23	1						73						
24	1						74						
25							75						
26							76						
27	1						77						
28	1						78						
29							79						
30	1						80						
31							81						
32	1						82						
33							83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95						
46	1												
47	1												
48	1												
49	1												
50	1												
TOTAL IND.							2						
TOTAL DEP.							95						
TOTAL CLAIMS							97						